SCO EFT-1 (9/02) STATE OF CALIFORNIA AUTHORIZATION AGREEMENT FOR OFFICE OF THE STATE CONTROLLER ELECTRONIC FUNDS TRANSFER (EFT) (See Instruction On Reverse Side) **SECTION I** ☐ New EFT Account Please Check Appropriate Box(es): Change EFT Remittance Method Change Bank Account ☐ Change in EFT Contact Person or Phone Number HOLDER INFORMATION EFT-FEDERAL EMPLOYER ID#: BRANCH NUMBER: NAME: ADDRESS: TELEPHONE: UNCLAIMED PROPERTY HOLDER TYPE CODE: REMITTER INFORMATION NAME: ADDRESS: TELEPHONE: EFT CONTACT INFORMATION NAME: TELEPHONE: Complete Section II, III or IV Below: **SECTION II ACH DEBIT** This method allows you to transfer funds to the Office of the State Controller electronically by debiting an account you control in a financial institution for the amount that you report to the state's data collection service. You will have control though your personal security code of your choice. You will receive a reference number, for your records, that will show transfer of money. THIS REFERENCE NUMBER MUST BE NOTED ON YOUR UNCLAIMED PROPERTY REPORT FORM USF-1 IN THE UPPER RIGHT-HAND CORNER, OR ON ANY OTHER DOCUMENTS SUBMITTED. BANK NAME: Method of Communication: (Check One) BANK ACCOUNT NUMBER (NOT TO EXCEED 17 DIGITS): Telephone - Voice Telephone - Touch Tone TRANSIT AND ROUTING NUMBER: TYPE OF ACCOUNT: **CHECKING** ☐ SAVINGS SIGNATURE: TITLE: DATE: **IMPORTANT:** If you have selected ACH Debit option, you must attach a voided check for the account to be debited. Your voided check will verify bank account, transit and routing numbers. SECTION III **ACH CREDIT**

Payment Convention (TXP) and may only be initiated for the EFT remittances to the Office of the State Controller.

SIGNATURE: TITLE: DATE

This method allows you to transfer funds by instructing your ACH participating financial institution to debit your account and credit the Office of the State Controller's bank account. These remittances must be in NACHA CCD + format using the Tax

SECTION IV

	INTERNA	TIONAL	FUNDS	TRAI	NSFFR
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This method allows you to originate a transaction utilizing the international electronic payment system to transfer funds through federal reserve banks, whereby the holder debits their own bank account and credits the state's bank account.

SIGNATURE:	TITLE:	DATE

INSTRUCTIONS FOR COMPLETING THE EFT AUTHORIZATION AGREEMENT FORM

GENERAL

Please type or print clearly. Return to the Office of the State Controller at the address shown on the front of this form. Retain a copy for your file before mailing.

SECTION I

COMPLETE ALL APPLICABLE FIELDS.

SECTION II, III AND IV

COMPLETE ONE OF THESE SECTIONS:

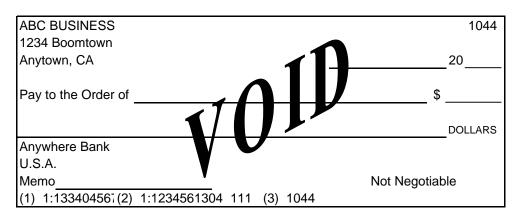
Telephone

Complete Section II if you select ACH Debit, Section III if you select ACH Credit, and Section IV if you choose International Funds

Transfer. After making your decision, please check the appropriate box and complete every block of information for the method selected.

If the ACH Debit method is chosen a voided check must be attached to the completed authorization agreement. Your voided check will verify bank account and transit routing numbers.

The example of a voided check, shown below, indicates where to locate the transit routing number for your bank and your bank account number. Remember to mark the word "void" across the face of the check that you return with the authorization agreement.



- (1) Routing Transit Number (Required 9 digits)
- (2) Bank Account Number (Not to exceed 17 digits)
- (3) Check Number

FOR U	USE OF THE OFF	TCE OF T	HE STATE CONTI	ROLLER O	NLY	
Your	enrollment in t	he State	Controller's EF	「program	has been approved to commence on	
Your method of remittance is:			:			(Date)
	ACH Debit		ACH Credit		International Funds Transfer	
Burea by:	u of Unclaimed Pro	operty				
Signature					Date	